PTO/SB/06 (08-03)

U.S. Palent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION DESCRIPTION OF MILE OF STREET OF COMMERCE.

Substitute for Form PTO-87.5						nless II display	ess il displays a valid OMB control number. Application or Docket Number		
						10/789175			
	CLAIMS AS FILED - PART I (Column 1) (Column 2)			SMA	SMALL ENTITY		OR OTHER THAN SMALL ENTITY		
FOR BASIC FEE	NUMBER FILED		JMBER EXTRA	RATE		7	SMALL	ENTITY	
(37 CFR 1.16(a)) TOTAL CLAIMS				- IMIE	FEE	-	RATE	FEE	
(37 CFR 1.16(c))	H minus	20 =	94	-	/	OR		1.270	
INDEPENDENT CLAIMS (37 CFR 1.16(b))	6 minus		3	- X 1		OR :	x.4_18=	432	
MULTIPLE DEPENDENT CLA				X:/_		ÖR .:	x : 86=		
								258	
* If the difference in column 1 is less than zero, enter "0" in column 2.						OR	-		
•	AS AMENDE	D - PART II				OR	TOTAL	1460	
	mn 1)	(Column 2)	(Column 3)	SMALL	ENTITY .	OR	OTHER	THAN	
5/1/4/7 REM.	AINING TER DMENT	HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	-IDDA		SMALL E	NTITY MODI	
Total (37 CFR 1.16(c))	14 Minus	PAID FOR	=		TIONAL			TIONAL FEE	
	Minus	/-	=	X \$=		OR X	=		
FIRST PRESENTATION OF	MULTIPLE DEPENDE	L G	1/	X \$=		OR X s	=		
	- Indiana	-141 CCXIM (37 C	FR 1.16(d))	TOTAL =		OB 1:04	=		
(Calus	. 1			ADD'L FEE		OR ADI	TAL D'L FEE		
(Colum	vIS	(Column 2) HIGHEST	(Column 3)	· · · · · · · · · · · · · · · · · · ·					
Total (37 CFR 1.18(b)) CIONAL CONTROL OF CO	B 1	NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	- ADDI- TIONAL	R	ATE.	ADDI-	
(37 CFR 1.16(c))	Minus		=	X 1 =	FEE		·	TIONAL FEE	
(37 CFR 1.16(b))	Minus		=			OR XI_			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR'1,16(d))						OR X 1	===		
				TOTAL ADD'L FEE		OR L+3			
(Column CLAIMS		(Column 2)	(Column 3)	٠.		. Apar	ree [
REMAININ AFTER AMENOME	lG P	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL	RA		DDj.	
(37 CFR 1.16(c))	Minus -44				FEE		1 1	ONAL FEE	
Independent (37 CFR.1.16(b))	Minus 41	.=		X 1 =	c	R X. \$	_=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 GFR 1.16(d))									
				TOTAL	. 0		=		
If the entry in column 1 is less If the "Highest Number Previous If the "Highest Number Previous	than the entry in o	olumn 2, write "0	In column a	ADD'L FEE	OI	TOTAL. R ADD'L F	-		
If the "Highest Number Previous The "Highest Number Previous	Isly Pald For INT	HIS SPACE IS IE	ss than 20, enter is than 3, enter ":	*20*. 3*.			• •		

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of Information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the Including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450 DO NOT SEND FEES OR COMPLETED FORMS TO THIS